



State of New Jersey

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

OFFICE OF THE STATE COMPTROLLER
MEDICAID FRAUD DIVISION
P.O. BOX 025
TRENTON, NJ 08625-0025
(609) 826-4700

KEVIN D. WALSH
Acting State Comptroller

JOSH LICHTBLAU
Director

February 3, 2022

BY ELECTRONIC MAIL

██████████
Overlook Medical Center
99 Beauvoir Avenue
Summit, NJ 07901

Re: Notice of Overpayment
Case Number: ██████████

Dear ██████████:

This letter serves to inform you that the Office of the State Comptroller, Medicaid Fraud Division (MFD) completed a review of Medicaid claims submitted by Overlook Medical Center for procedure codes 99285, 99284, H0035, 90834, and 90832 for the time period of October 1, 2018 through February 23, 2021. As part of the review, MFD obtained and reviewed the corresponding medical records from Overlook Medical Center. MFD's investigation substantiated that Overlook Medical Center billed and received payment for both a fee-for-service and an encounter claim for the same service(s), for the same recipient(s), for the same date(s) of service. MFD is seeking to recover \$8,075.39 from Overlook Medical Center for the fee-for-service claims, as the Medicaid recipients were enrolled in managed care organizations, which paid the encounter claims.

As the managed care organizations paid the encounter claims that were submitted on behalf of their assigned recipients, the fee-for-service claim payments for the same service(s), provided to the same recipient(s), for the same date(s) of service are identified as overpayments. The fee-for-service overpayment amount is \$8,075.39.

Therefore, Overlook Medical Center received a total overpayment of **\$8,075.39** that it must repay to the Medicaid program. MFD reviewed claims relating to the following NPI number: ██████████ (Overlook Medical Center).

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Attached is a password-protected spreadsheet of MFD's analysis of all paid claims associated with the review. A secure password will be provided separately by e-mail.

If you believe that MFD did not consider relevant documentation that may affect the number of discrepant claims and the overpayment amount, you may submit the relevant documentation to MFD for review within thirty (30) calendar days of receipt of this letter. Should you submit such a written explanation within this 30-day time period, MFD reserves the right to initiate a more comprehensive investigation, obtain additional records, conduct on-site visits, and perform any additional analysis necessary to conclude this review. Should you fail to respond in writing to MFD within this 30-day period, MFD may take further appropriate action, including but not limited to issuing a Notice of Claim, Certificate of Debt, Notice of Withhold, and/or any other remedy available to MFD by law.

If you agree with the amount of the overpayment, please mail a certified check in the amount noted above made payable to "Treasurer, State of New Jersey" to the address below. Please insert "OSC/MFD ██████████" on the memo line of the check.

Treasurer, State of New Jersey
Division of Revenue
200 Woolverton Street, Building 20
Lockbox 656
Trenton, New Jersey 08646
Attn: Processing Bureau

Please forward a copy of the certified check to my attention at the Office of the State Comptroller, Medicaid Fraud Division, P.O. Box 025, Trenton, New Jersey 08625-0025.

If you have questions regarding this matter, please contact ██████████. Please include the case number, "MFD-██████████", in the subject line of any e-mail correspondence.

This Notice of Overpayment documents and seeks a recovery relating to the improper billing of claims by the provider (entity) and its owner(s). Please be advised that this Notice is a public document and, as such, may be placed on the OSC/MFD website. In addition, please be advised that should MFD find deficiencies pertaining to the same or sufficiently similar underlying conduct for a time period after the date of this letter, pursuant to N.J.S.A. 30:4D-7(h), N.J.S.A. 30:4D-17(e), and N.J.S.A. 30:4D-57(d)(2), in addition to seeking to recover the principle owed, MFD may impose civil penalties against the provider (entity) and each owner for such deficiencies.

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Sincerely,

KEVIN D. WALSH
ACTING STATE COMPTROLLER

Date: 2/3/2022

By: ██████████
██████████

Supervising Investigator
Office of the State Comptroller
Medicaid Fraud Division

Attachment: Overlook Medical Center - Claims Spreadsheet (password-protected)

c:

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MFD Investigations Update – March 31, 2022

On March 31, 2022, OSC received a check dated March 21, 2022 from Atlantic Health System - Overlook Medical Center in the amount of \$8,075.39, which fully reimbursed the State for paid claims that were improperly billed for the period of October 1, 2018 through February 23, 2021.